
Medical Assistance Provider Incentive Repository



User Guide

For Eligible Professionals

The Vermont Medicaid Promoting Interoperability/ Electronic Health Record Incentive Program

Program Year 2020: Part 3

Review

to

Application Submission

REVISION LOG:

MAPIR User Guide for Eligible Professionals- Part 3

Version	Revision Date	Revision
V1.0	02/05/2020	<ul style="list-style-type: none">Initial version.
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Table of Contents

EP User Guide Files	4
Step 6 – Review Application.....	5
Step 7 – Submit Your Application.....	9
Application Questionnaire	10
Application Required Prepayment Documentation	11
File Uploads.....	13
Provider or Preparer Completing Application	16
Provider Signature Screen.....	17
Preparer Signature Screen.....	18
Evaluation of Meaningful Use Attestation Data	20
Sample Payment Charts.....	22
Current Status.....	24
Post-Submission Activities.....	25
Post-Submission Activities – Review Application Tab.....	26
Post-Submission Activities - Document Upload.....	27
Completed Status.....	28
Application Status List	29
Review an Adjustment	31

EP User Guide Files

The MAPIR User Guide for Eligible Professionals has been divided into separate documents for ease of reference. Each part is available as a downloadable file at the EHRIP website.

EP User Guide Files: Parts 1, 2C, 3 and 4

The MAPIR User Guide for Eligible Professionals has been divided into separate documents for ease of reference. Each part is available as a downloadable file at the EHRIP website.

Part 1

- Getting Started
- Confirm R&A and Contact Info
- Eligibility
- Patient Volumes

Part 2C

- PY2020 Attestation Phase: Meaningful Use
- Meaningful Use General Requirements
- Stage 3 MU Objectives
- Program Year 2020 CQMs

Part 3

- Review Application
- Application Questionnaire
- File Uploads, Required and Recommended Documentation
- Application Submission
- Post Submission Activities
- Application Statuses
- Review and Adjustment

Part 4

- Additional User Information
- Appendices

Step 6 – Review Application

The Review section allows you to review all information you entered into your application. If you find errors, you can click the associated tab and proceed to correct the information. Once you have corrected the information you can click the **Review** tab to return to this section. From this screen you can print a printer-friendly copy of your application for review.

Please review all information carefully before proceeding to the Submit section. After you have submitted your application you will not have the opportunity to change it.

Click **Print** to generate a printer-friendly version of this information. When you have reviewed all the information, click the **Continue** button, or the **Submit** tab to proceed.

This is screen 1 of 3 of the Review tab display.

A status of "Incomplete" means the application has not yet been submitted, not necessarily that you are missing information.

Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit

The **Review** panel displays the information you have entered to date for your application. Select **Print** to generate a printer friendly version of this information. Select **Continue** to return to the last page saved. If all tabs have been completed and you are ready to continue to the Submit Tab, please click on the **Submit** Tab itself to finish the application process.

Print

Status

Incomplete

CEHRT ID Information

CMS EHR Certification ID: 0015E3M830NQF7Q

R&A Verification

Name	Applicant NPI
Personal TIN/SSN	Payee TIN
Payee NPI	
Business Address	Street
	VT 05819-8635
Business Phone	1
Incentive Program	MEDICAID
	State VT
Eligible Professional Type	Nurse_Practitioner
R&A Registration ID	1
R&A Registration Email	
CMS EHR Certification Number	1314E01QCNUREAD
Is this information accurate?	Yes

This is screen 2 of 4 of the Review tab display.

Primary Contact Information

First Name
Last Name
Phone 123-456-7890
Phone Extension
Email Address
Department
Address 123 Main St
Anywhere, AK 46589

Alternate Contact Information

First Name
Last Name
Phone
Phone Extension
Email Address

Eligibility Questions (Part 1 of 2)

Are you a Hospital based eligible professional? **No**

Eligibility Questions (Part 2 of 2)

What type of provider are you? **Certified Nurse-Midwife**

Do you have any current sanctions or pending sanctions with Medicare or Medicaid in any state? **No**

Are you currently in compliance with all parts of the HIPAA regulations? **Yes**

Are you licensed in all states in which you practice? **Yes**

Patient Volume Practice Type (Part 1 of 3)

Do you practice predominantly at an FQHC/RHC (over 50% of your total patient encounters occur over a 6 month period in an FQHC/RHC)? **No**

Please indicate if you are submitting volumes for: **Individual Practitioner**

Patient Volume 90 Day Period (Part 2 of 3)

Start Date: Jan 06, 2020
End Date: Apr 04, 2020

This is screen 3 of 4 of the Review tab display.

Patient Volume Individual (Part 3 of 3)						
Utilizing Certified EHR Technology?	Provider ID	Location Name	Address	Encounter Volumes		%
Yes	57	MD	MEDICAL CTR.	Medicaid Only In State:	N/A	N/A
				Total Medicaid:	N/A	
				Denominator:	N/A	
No	57	MD	DAY DR	Medicaid Only In State:	N/A	N/A
				Total Medicaid:	N/A	
				Denominator:	N/A	
No	57	MD	DAY DR	Medicaid Only In State:	N/A	N/A
				Total Medicaid:	N/A	
				Denominator:	N/A	
No	57	M MD	DAY DRIVE	Medicaid Only In State:	N/A	N/A
				Total Medicaid:	N/A	
				Denominator:	N/A	
No	57	M MD	DAY DRIVE	Medicaid Only In State:	N/A	N/A
				Total Medicaid:	N/A	
				Denominator:	N/A	
No	57	M MD	DAY DRIVE	Medicaid Only In State:	N/A	N/A
				Total Medicaid:	N/A	
				Denominator:	N/A	
No	57	M MD	10 ALICE PECK DAY DRIVE	Medicaid Only In State:	N/A	N/A
				Total Medicaid:	N/A	
				Denominator:	N/A	
Yes	57	M MD	EMERGENCY UNIT	Medicaid Only In State:	N/A	N/A
				Total Medicaid:	N/A	
				Denominator:	N/A	
Yes	57	M MD	FAMILY HLTH CTR	Medicaid Only In State:	800	90%
				Total Medicaid:	900	
				Denominator:	1000	
Yes	57	M MD	HOSPITAL DR	Medicaid Only In State:	N/A	N/A
				Total Medicaid:	N/A	
				Denominator:	N/A	
Yes	57	M MD	HOSPITAL DR	Medicaid Only In State:	N/A	N/A
				Total Medicaid:	N/A	
				Denominator:	N/A	
Yes	57	M MD	HOSPITAL DR	Medicaid Only In State:	N/A	N/A
				Total Medicaid:	N/A	
				Denominator:	N/A	

Sum Medicaid Only In State Encounter Volume (Numerator)	Sum Medicaid Encounter Volume (Numerator)	Total Encounter (Denominator)	Total %
800	900	1000	90%

Attestation Phase (Part 1 of 3)	
EHR System Phase:	Meaningful Use - 90 Days

Attestation EHR Reporting Period (Part 1 of 3)	
Start Date:	Jan 02, 2020
End Date:	Mar 31, 2020

This is screen 4 of 4 of the Review tab display.

Attestation Meaningful Use Measures

Attestation Meaningful Use Measures may be accessed by selecting the link below:
[Meaningful Use Measures](#)

Attestation Phase (Part 3 of 3)

Based on the information received from the R&A, you requested to assign your incentive payment to the entity above (Payee TIN). Please confirm that you are receiving that payment as the payee indicated above or you are assigning this payment voluntarily to the payee above and that you have a contractual relationship that allows the assigned employer or entity to bill for your services.

Yes

You have selected the mailing address below to be used for your Incentive Payment, if you are approved for payment.

Provider ID	Location Name	Address	Additional Information
	INC HEALTH CARE	VT	

[Top](#)

Continue

UI 10

When you have finished the review of your application information and are ready to want to exit the Review tab, select the **"Continue"** button on this screen.

Step 7 – Submit Your Application

The final submission of your application involves the following steps:

Review and Check Errors: The system will check your application for errors. If errors are present, you will have the opportunity to go back to the tab where the error occurred and correct it. If you do not want to correct the errors you can still submit your application; however, the errors may affect your eligibility and payment amount.

Application Questionnaire: You will be asked a series of optional Yes/No questions.

File Upload Requirements: All uploaded files must be no larger than 2 MB each, and must be one of the following file types: .pdf, .doc, .docx, .txt, .xls, .xlsx, .csv. Depending on the attestation type, more than one file may need to be uploaded, but MAPIR will not allow you to proceed with submitting your application unless at least one file.

Preparer Information: Providers attesting to the EHR Incentive program have two options for completing the electronic signature portion of the application. The provider can perform the submission process, or the provider can designate a preparer to complete the application. If a preparer is completing the application, they will navigate through screens to collect the additional required information from the preparer. The provider associated with this application is still responsible for the accuracy of the information provided and attested to.

The initial **Submit** screen contains information about this section.

Click **Begin** to continue to the submission process.

Check Error Review

In this section, the MAPIR "Check Errors" panel displays validation messages that have occurred during the application process. If you have any validation messages, you will be prompted to review the specific information or response that may impact your program eligibility. **PLEASE CORRECT THESE ERRORS** before proceeding. You may be able to submit this application with errors, but it will **not** be approved for payment, and unresolved errors will delay the review process and determination of the application's final disposition.

If you encounter errors that you are unable to resolve, contact the VT Medicaid EHRIP Team, and include a screenshot of the error message: ahs.dvhaEHRIP@vermont.gov

Documentation Requirements

You must upload **AT LEAST ONE** document to support your attestation. Depending on the type of attestation, you may be required to upload **more than one document**. In addition to the required items, there is a list of recommended documentation, including guidelines that are available to download from our website. These items may be requested during pre-payment review, or in the event of an audit. It is recommended that you upload them at the time of attestation.

NOTE: You are required to provide your electronic signature on the "Application Submission Sign Electronically" page within the MAPIR application. This signature indicates the eligible professional's confirmation that the information is correct and that the eligible professional is responsible for all information and overpayments.

After you have completed the electronic signature process, an example of a payment chart will display. Directly below this chart is the "Submit Application" button. **You must select the "Submit Application" button to complete the process. Your application will not be processed if you do not complete this step.**

Begin

UI 91

Application Questionnaire

The Application Questionnaire screen presents optional Yes/No questions that serve as reminders about documentation uploads, as well as provide information to the Vermont Medicaid EHRIP Team about provider practice locations, and provider interaction with the Health Information Exchange.

Answer the optional questions by selecting **Yes** or **No**.

Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point or last saved data.

The screenshot displays the 'Application Questionnaire' interface. At the top, a navigation bar includes buttons for 'Get Started', 'R&A/Contact Info', 'Eligibility', 'Patient Volumes', 'Attestation', 'Review', and 'Submit'. Below this, a blue header bar reads 'Application Questionnaire'. A light blue instruction box states: 'When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.' The main area contains seven questions, each with a 'Yes' or 'No' radio button option. Questions 1 through 6 have horizontal lines below them for text input. Question 7 does not. At the bottom, three buttons are visible: 'Previous', 'Reset', and 'Save & Continue', with the latter circled in red.

Question 1:
If you are attesting to Meaningful Use, are you prepared to upload the provider's EHR system MU report, to include CQMs? ☐ Yes ☐ No

Question 2:
If you are attesting to Meaningful Use, are you prepared to upload the Security Risk Analysis report to support Objective 1 - Protect Patient Health Information? ☐ Yes ☐ No

Question 3:
Did you save copies of all reports, screenshots and other documentation to support this attestation? Please note you are encouraged but not required to upload this documentation at the time of attestation. More information is at our website (paste the link in your browser): <http://healthdata.vermont.gov/ehrip/Audits> ☐ Yes ☐ No

Question 4:
Did you save a copy of your 90-day patient volume details? It is strongly recommended that you upload a file supporting the data at the time of attestation. This documentation will be required in the event of audit. Required elements of the patient volume data file and guidance for completing the data report are at the PIP/EHRIP website. Paste the link in your browser: <https://healthdata.vermont.gov/ehrip/PatientVolume/Datatool> ☐ Yes ☐ No

Question 5:
Does this provider have more than one employer? If YES, please be aware that providers who practice in multiple locations will need at least 50% of their outpatient encounters during their EHR reporting period to occur at locations with CEHRT, and they may need to provide MU reports from all CEHRT locations. ☐ Yes ☐ No

Question 6:
Have you followed the Active Engagement guidance for the Public Health and Clinical Data Registry Reporting measures, including completing the Documentation Aids that are available at the PIP/EHRIP website? Paste this link in your browser: <https://healthdata.vermont.gov/ehrip/PY2020/PH> ☐ Yes ☐ No

Question 7:
Does this provider use VITLAccess? ☐ Yes ☐ No

Previous **Reset** **Save & Continue**

Application Required Prepayment Documentation

You must upload at least one document to support your attestation. Depending on the attestation type, more than one file may need to be uploaded, but MAPIR will not allow you to proceed with submitting your application unless at least one file upload is included.

REQUIRED:

- For each provider attesting with **Group Patient Volume**, you must upload the **GROUP DEFINITION**. This is the set of billing NPIs defining the group, and a complete list of individual provider names and their NPIs for all attending or rendering providers associated with the group, **regardless of whether they are Eligible Professionals attesting for an incentive payment**.
- All providers must upload:
 - A copy of the **MU report** from your EHR system, showing the Objectives and Measures with their thresholds; AND
 - A copy of the **Clinical Quality Measure report** from the EHR system; AND
 - A copy of the **Security Risk Assessment** to support *MU Objective 1 - Protect Electronic Health Information*; AND
 - Documentation to support the Public Health Objective Options attested to; AND
 - Documentation to support the Public Health Objection Options excluded from.
 - For assistance with Public Health Objective reporting documentation, see the links to the Public Health Documentation Aids below.

RECOMMENDED:

The following documentation may be requested during pre-payment review, or in the event of an audit. It is recommended that you upload them at the time of attestation.

- The **Patient Volume Data Tool**, available at our website:
<https://healthdata.vermont.gov/ehrip/PatientVolume/Datatool>
- The **Public Health Objective Documentation Aid**, available at our website:
<https://healthdata.vermont.gov/ehrip/PY2020/PH>
- Any other supplemental documentation supporting your patient encounters, attestation, validation of certified EHR or information to support your Meaningful Use attestation. More information at: <https://healthdata.vermont.gov/ehrip/Audits>

MAPIR now requires the uploads to be labeled according to the **categories** assigned by the Vermont Medicaid PIP/EHRIP:

1. **Group Definition** (REQUIRED Prepayment) If attesting with Group Patient Volume, you must upload the set of billing NPIs defining the group, and a complete list of individual provider names and individual NPIs for all attending or rendering providers associated with the group, regardless of whether they are Eligible Professionals attesting for an incentive payment.
2. **Patient Volume Data Tool** (RECOMMENDED Prepayment) Data to support your 90-day patient volume. **This documentation will be required in the event of audit.** Required elements of the patient volume data file are at the PIP/EHRIP website.
<https://healthdata.vermont.gov/ehrip/PatientVolume/Datatool>
3. **Meaningful Use Objectives** (REQUIRED Prepayment) The report(s) on Meaningful Use Objectives and Measures generated by the provider's EHR system.
4. **Clinical Quality Measures** (REQUIRED Prepayment) The report(s) on Clinical Quality Measures from the provider's EHR system. All the Clinical Quality Measures attested to should be included, even if the CQM report values are zero. The Clinical Quality Measure reporting period is 90 days for PY2020.
5. **Security Risk Analysis** (REQUIRED Prepayment) A complete, dated copy of the conducted or reviewed Security Risk Analysis and corrective action plan (if negative findings are identified). The SRA may be conducted outside of the EHR reporting period; however, the analysis must be unique for each reporting period, the scope must include the full EHR reporting period, and it must be conducted within the calendar year of the EHR reporting period (Jan. 1 – Dec. 31).
6. **Public Health and CDR Reporting** (REQUIRED Prepayment) For **Active Engagement**: Confirmation from the Public Health Registry or Clinical Data Registry that verifies good standing. For **Exclusions**: Statement signed by the provider confirming qualification for the exclusion selected. Guidance, examples and templates are at the PIP/EHRIP website:
<https://healthdata.vermont.gov/ehrip/PY2020/PH>
7. **Clinical Decision Support (CDS)** (RECOMMENDED Prepayment) Documentation to support implementation of 5 CDS rules and enabling the functionality for drug-drug and drug-allergy interaction checks for the duration of your EHR reporting. Guidance is at the PIP/EHRIP website: https://healthdata.vermont.gov/sites/healthdata/files/pdfs/EHRIP/2019_2020_Final_EHRIP_AuditTipSheet.pdf
8. **Proof of CEHRT/Vendor Letter** (RECOMMENDED Prepayment) Signed contract/user agreement/lease with vendor, invoice, or vendor letter identifying the current CMS EHR certification ID number.

NOTE:

- If you are uploading a file that does not match one of the categories in the drop-down list, select **Other** in the drop-down list
- If you are uploading a consolidated file that contains a combination of documentation categories, select **Other** in the drop-down list.
- A category may be selected more than once.

File Uploads

To upload a file, type the full path or click the **Browse...** button.

All uploaded files must be no larger than 2 MB each, and must be one of the following file types: .pdf, .doc, .docx, .txt, .xls, .xlsx, .csv.

File name must be no longer than **100 characters**. All characters must be alphanumeric with underscores, dashes, and spaces as the only acceptable special characters. The file name must have only a single period, and it must precede the file name extension.

Document: -- select a document --

File Location:

* ☐ Click here to indicate that you have read the information above and understand that failure to provide all of the required documentation will delay the processing of your application.

If you have additional questions about prepayment documentation requirements, please email ahs.dvhaEHRIP@vermont.gov

UI 114-C

To upload files, select a document type from the "Document:" drop-down box and click **Browse** to navigate to the file you wish to upload.

Note

Selecting a document type from the "Document:" drop-down box is not required for document submission.

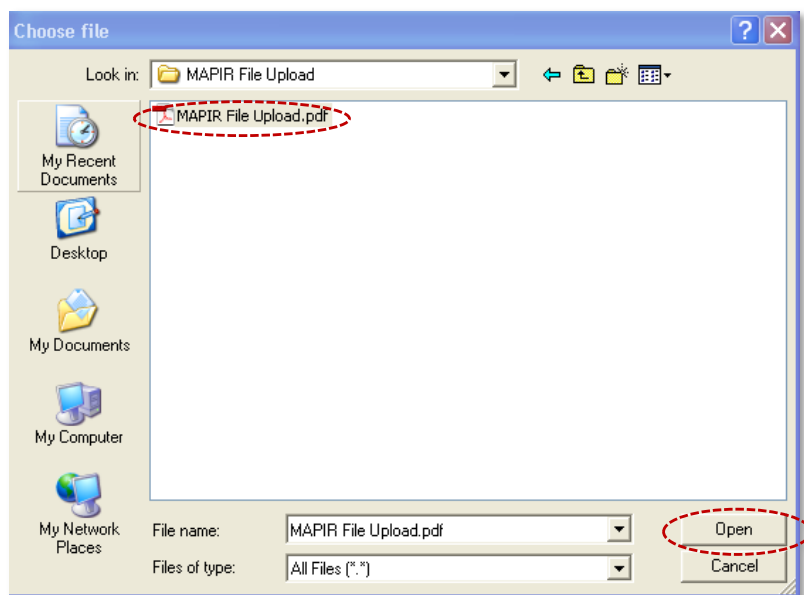
The **Choose file** dialog box will display.

Navigate to the file you want to upload and select **Open**.

Note

File names must meet the following naming conventions:

- All characters must be alphanumeric with underscores, dashes, and spaces as the only acceptable special characters.
- A single period preceding the file name extension.
- No more than one period in the file name.



Depending on the attestation type, more than one file may need to be uploaded, but MAPIR will not allow you to proceed with submitting your application unless at least one file upload is included.

Check the file name in the file name box.

Click **Upload File** to begin the file upload process.

Note the *** File has been successfully uploaded** message. Review the uploaded file list in the Uploaded Files box.

To upload a file, type the full path or click the **Browse...** button.

All uploaded files must be no larger than 2 MB each, and must be one of the following file types: .pdf, .doc, .docx, .txt, .xls, .xlsx, .csv.

File name must be no longer than **100 characters**. All characters must be alphanumeric with underscores, dashes, and spaces as the only acceptable special characters. The file name must have only a single period, and it must precede the file name extension.

Document: -- select a document --

File Location:

Uploaded Files

Document	File Name	File Size	Date Uploaded	Available Actions
	test.docx	11845	06/01/2020	<input type="button" value="View"/> <input type="button" value="Delete"/>

* ☒ Click here to indicate that you have read the information above and understand that failure to provide all of the required documentation will delay the processing of your application.

If you have additional questions about prepayment documentation requirements, please email ahs.dvhaEHRIP@vermont.gov

If you have more than one file to upload, repeat the steps to select and upload a file as many times as necessary.

All the files you uploaded will be listed in the *Uploaded Files* section of the screen. The Upload Files screen may also display files that were uploaded by an Administrative User and made available for you to view.

To view the uploaded file click **View** in the Available Actions column.

To delete an uploaded file click **Delete** in the Available Actions column. If a file is uploaded by an Administrative User, you will not have the option to delete the file.

Select the acknowledgement statement below the Uploaded Files table and click **Save & Continue** to review your selection or click **Previous** to go back. Click **Reset** to restore the panel to the starting point or last saved data.

Be sure to check the required box for the acknowledgement statement indicating that you have read the information and "understand that failure to provide all of the required documentation will delay the processing of your application."

Click **Save & Continue** to review your selection or click **Previous** to go back. Click **Reset** to restore the panel to the starting point or last saved data.

To upload a file, type the full path or click the **Browse...** button.

All uploaded files must be no larger than 2 MB each, and must be one of the following file types: .pdf, .doc, .docx, .txt, .xls, .xlsx, .csv.

File name must be no longer than **100 characters**. All characters must be alphanumeric with underscores, dashes, and spaces as the only acceptable special characters. The file name must have only a single period, and it must precede the file name extension.

Document:

File Location: **Browse...**

Upload File

Uploaded Files

Document	File Name	File Size	Date Uploaded	Available Actions
	test.docx	11845	06/01/2020	<div>View</div> <div>Delete</div>

* ☒ Click here to indicate that you have read the information above and understand that failure to provide all of the required documentation will delay the processing of your application.

If you have additional questions about prepayment documentation requirements, please email ahs.dvhaEHRIP@vermont.gov

Previous

Reset

Save & Continue

UI 114-C

Provider or Preparer Completing Application

Select the check box to acknowledge that you have reviewed all of your information.

Select the **Provider** or **Preparer** button, as appropriate.

Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore the panel to the starting point or last saved data.

Get Started R&A/Contact Info Eligibility Patient Volumes Attestation Review Submit

Application Submission (Part 1 of 2)

Please answer the following questions.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

☒ *By checking the box, you are indicating that you have reviewed all information that has been entered into MAPIR (as displayed on the **Review** panel).

*Indicate if you are completing this application as the actual provider, or as a preparer on behalf of the provider:

☒ Provider ☐ Preparer

Previous Reset Save & Continue

Provider Signature Screen

This screen depicts *Provider* selection.

Click **Save & Continue** to review your selection or click **Previous** to go back. Click **Reset** to restore the panel to the starting point or last saved data.

Get Started R&A/Contact Info Eligibility Patient Volumes Attestation Review Submit

Application Submission (Part 1 of 2)

Please answer the following questions.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

☒ *By checking the box, you are indicating that you have reviewed all information that has been entered into MAPIR (as displayed on the **Review** panel).

*Indicate if you are completing this application as the actual provider, or as a preparer on behalf of the provider:

☒ Provider ☐ Preparer

Previous Reset **Save & Continue**

This screen depicts the Provider signature screen.

Enter your **Provider Initials**, **NPI**, and **Personal TIN**.

Click **Sign Electronically** to proceed.

Click **Previous** to go back. Click **Reset** to restore this panel to the starting point or last saved data.

Get Started R&A/Contact Info Eligibility Patient Volumes Attestation Review Submit

Application Submission (Part 2 of 2)

As the actual **provider** who has completed this application, please **attest** to the accuracy of all information entered and to the following:

This is to certify that the foregoing information is true, accurate, and complete.

I understand that Medicaid EHR Incentive payments submitted under this provider number will be from Federal funds, and that any falsification, or concealment of a material fact may be prosecuted under Federal and State laws. I hereby agree to be responsible for any errors, omissions, or falsifications and understand that I, or the provider or organization I am representing, is liable to repay any improper payments received.

I hereby agree to keep such records as are necessary to demonstrate that I met all Medicaid EHR Incentive Program Requirements for a period of six years and to furnish those records to the State of Vermont Department of Health Access, or contractor acting on their behalf.

(*) Red asterisk indicates a required field.

Electronic Signature of Provider Receiving Incentive Payment:

* **Provider Initials:** LAS * **NPI:** 123456789 * **Personal TIN:** 123456789

When ready click the **Sign Electronically** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

Previous Reset **Sign Electronically**

Preparer Signature Screen

This screen depicts the signature screen for a *Preparer* on behalf of the provider.

As the preparer of this application on behalf of the provider, please attest to the accuracy of all information entered.

Click **Save & Continue** to review your selection or click **Previous** to go back. Click **Reset** to restore this panel to the starting point or last saved data.

The screenshot shows the 'Application Submission (Part 1 of 2)' screen. At the top, there is a navigation bar with buttons: 'Get Started', 'R&A/Contact Info' (checked), 'Eligibility' (checked), 'Patient Volumes' (checked), 'Attestation' (checked), 'Review', and 'Submit'. Below this, the main content area has a header 'Application Submission (Part 1 of 2)' and a sub-header 'Please answer the following questions.' A blue box contains instructions: 'When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.' Below this, a red asterisk indicates a required field. A checkbox is checked, with a note: '*By checking the box, you are indicating that you have reviewed all information that has been entered into MAPIR (as displayed on the **Review** panel).' Below this, a note asks to indicate if completing the application as the actual provider or as a preparer on behalf of the provider. The 'Preparer' radio button is selected. At the bottom, there are three buttons: 'Previous', 'Reset', and 'Save & Continue'.

As the preparer of this application on behalf of the provider, please attest to the accuracy of all information entered.

Enter your **Preparer Name** and **Preparer Relationship** to the provider.

Click **Sign Electronically** to review your selection, or click **Previous** to return. Click **Reset** to restore this panel to the starting point or last saved data.

Get Started


R&A/Contact Info ☒

Eligibility ☒

Patient Volumes ☒

Attestation ☒

Review

Submit 

Application Submission (Part 2 of 2)

As the **preparer** of this location on behalf of the provider, please **attest** to the accuracy of all information entered and to the following:

This is to certify that the foregoing information is true, accurate, and complete.

I understand that Medicaid EHR Incentive payments submitted under this provider number will be from Federal funds, and that any falsification, or concealment of a material fact may be prosecuted under Federal and State laws. I hereby agree to be responsible for any errors, omissions, or falsifications and understand that I, or the provider or organization I am representing, is liable to repay any improper payments received.


I hereby agree to keep such records as are necessary to demonstrate that I met all Medicaid EHR Incentive Program Requirements for a period of six years and to furnish those records to the State of Vermont Department of Health Access, or contractor acting on their behalf.

(*) Red asterisk indicates a required field.

Electronic Signature of Preparer:

* Preparer Name:

* Preparer Relationship:



When ready click the **Sign Electronically** button to review your selection, or click **Previous** to go back.
Click **Reset** to restore this panel to the starting point.

Previous

Reset

Sign Electronically

Evaluation of Meaningful Use Attestation Data

After electronically signing the application, MAPIR determines if the Meaningful Use attestation data you attested to is accepted or rejected.

- If your Meaningful Use attestation data is accepted, proceed to [page 22](#).
- If your Meaningful Use attestation data is rejected, the following screen will display.
- Click on the **Meaningful Use Measures** link to review the Meaningful Use attestation data that you entered as well as the acceptance or rejection outcome for each measure. Click on the **Attestation** tab to return to the Meaningful Use Attestation where you can revise the Meaningful Use attestation data.
- Also note that while you have the option to continue with your submission by clicking **Save & Continue**, if you do not meet the mandatory requirements, you will not receive an incentive payment.



[Get Started](#)
[R&A/Contact Info](#)
[Eligibility](#)
[Patient Volumes](#)
[Attestation](#)
[Review](#)
[Submit](#)

Application Submission (Part 2 of 2)

The Meaningful Use Attestation data that you have attested to has failed to meet mandatory requirements. At this point in time you may opt to submit the application or return to the Attestation Tab to review or revise any data that has been entered.

By signing electronically you have attested to the accuracy of the Meaningful Use data that has been entered. Please be advised that multiple attempts to complete the Meaningful Use data, may result in the denial of payment.

Note: Mandatory requirements must be met to qualify for an incentive payment.

Click the **Attestation** tab to return to Meaningful Use Attestation, or the **Save & Continue** button to review your selection, or click **Previous** to go back.

Attestation Meaningful Use Measures

Click the link below to review the Attestation Meaningful Use Measure data that has been entered, as well as the acceptance or rejection outcome for each measure.

If you wish you retain this information for the future reference, please print the information after selecting the link. It will be necessary to Sign Electronically to view the acceptance and rejection outcome of measures after leaving this page.

[Meaningful Use Measures](#)

THE MEANINGFUL USE DATA THAT YOU HAVE ATTESTED TO HAS FAILED TO MEET MANDATORY REQUIREMENTS.

DO NOT CONTINUE, even though MAPIR gives you that option. The application will be flagged and returned to "Incomplete" without being reviewed or processed for payment. Multiple failed attempts to submit Meaningful Use data may result in the denial of payment.

DO NOT select "Save & Continue," **select the Meaningful Use Measures link above** to review the **ACCEPTANCE OR REJECTION** outcome for each measure.

Once you have reviewed the item(s) resulting in a "Failed" assessment, select the Attestation tab at the top of the screen to return to the Meaningful Use Attestation where you can enter revised data, if possible.

For help on this issue, please do not hesitate to contact us for assistance: ahs.dvhaEHRIP@vermont.gov

[Previous](#)
[Save & Continue](#)

UI 267-C

If your Meaningful Use attestation data is accepted, this screen will not display, and you may proceed to the following page.

Click **Previous** to go back or click the **Save & Continue** to proceed with the submission of your application.

Although you will be able to submit the application with errors, the application review process by the PIP/EHRIP Team will be suspended until the errors are addressed.

Note

If you have previously submitted the incentive application you are currently working on (your incentive application has changed from a Submitted status back to an Incomplete status) and you: chose the 12 Months Preceding Attestation Date option on the Patient Volume 90 Day Period (Part 2 of 3) screen, and edited the Start Date since your previous submission, you will receive the following error message if the new 90 day date range is no longer valid: "The Patient Volume 90 day date range is no longer valid." You have received this error because the 90 day range you have currently selected is not valid with the "12 months Preceding Attestation Date" option; therefore, the date range is no longer valid. **You must correct this error.** MAPIR will not allow you to proceed with your submission until this error is corrected. For assistance regarding Date Range options, and avoiding common errors, see our webpage: <https://healthdata.vermont.gov/ehrip/PatientVolume>

To correct errors:

Click **Review** to be taken to the section in error and correct the information. To return to this section at any time click the **Submit** tab.

Click **Save & Continue** to continue with the application submission.

The screenshot shows the MAPIR application interface. At the top, there is a navigation bar with tabs: Get Started, R&A/Contact Info, Eligibility, Patient Volumes, Attestation, Review, and Submit. The 'Review' tab is currently selected. Below the navigation bar, the status is displayed as 'Incomplete'. A message box contains the following text: 'The MAPIR "Check Errors" panel displays errors that have occurred during the application process. The following errors have been identified while reviewing your application. For each error listed, click **Review** to be directed to the section of the application that resulted in the error. You will have the ability to correct your answer in that section. Once you click on the **Save & Continue** button on that page, you may then select the **Submit** tab to continue with your review. Please note that you may still submit the application with errors, but the errors may impact the approval determination.' Below this message, there is a red error message: 'As a Hospital Based physician you are not eligible to participate'. To the right of this message is a 'Review' button, which is circled in red. At the bottom center, there is a 'Save & Continue' button.

Sample Payment Charts

This is an example of an incentive payment chart for a **Non Pediatric Professional**.

No information is required on this screen.

The incentive payment chart example for Pediatricians is shown on the next page.

Note: This is the final step of the Submit process. You will not be able to make any changes to your application after submission. If you do not want to submit your application at this time you can click **Exit**, and return at any time to complete the submission process.

Click **Submit Application** to continue.

Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit

Application Submission (Part 2 of 2)

Based on the Medicaid EHR Incentive Program rules, the following chart displays the maximum potential amount per year. The columns represent the first year of participation, and the rows represent the six years of potential participation.

Note: Eligible Professionals that switched between the Medicare and Medicaid EHR Incentive Programs may not exceed the maximum incentive amount of \$63,750.00.

Example Professional Incentive Payment Chart
(First Calendar Year of Participation)

	CY 2011	CY 2012	CY 2013	CY 2014	CY 2015	CY 2016
CY 2011	\$21,250					
CY 2012	\$8,500	\$21,250				
CY 2013	\$8,500	\$8,500	\$21,250			
CY 2014	\$8,500	\$8,500	\$8,500	\$21,250		
CY 2015	\$8,500	\$8,500	\$8,500	\$8,500	\$21,250	
CY 2016	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500	\$21,250
CY 2017		\$8,500	\$8,500	\$8,500	\$8,500	\$8,500
CY 2018			\$8,500	\$8,500	\$8,500	\$8,500
CY 2019				\$8,500	\$8,500	\$8,500
CY 2020					\$8,500	\$8,500
CY 2021						\$8,500
TOTAL	\$63,750	\$63,750	\$63,750	\$63,750	\$63,750	\$63,750

Submit Application

This is an example of an incentive payment chart for a **Pediatric Professional**.

No information is required on this screen.

Note: This is the final step of the Submit process. You will not be able to make any changes to your application after submission, unless the EHRIP Team returns the attestation to "Incomplete.". If you do not want to submit your application at this time you can click **Exit**, and return at any time to complete the submission process.

Click **Submit Application**.

Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit

Application Submission (Part 2 of 2)

Based on the Medicaid EHR incentive rules, the following chart indicates the maximum potential amount per year. The columns represent the first year of participation, and the rows represent the six years of potential participation.

Example Pediatrician Incentive Payment Chart
(First Calendar Year of Participation)

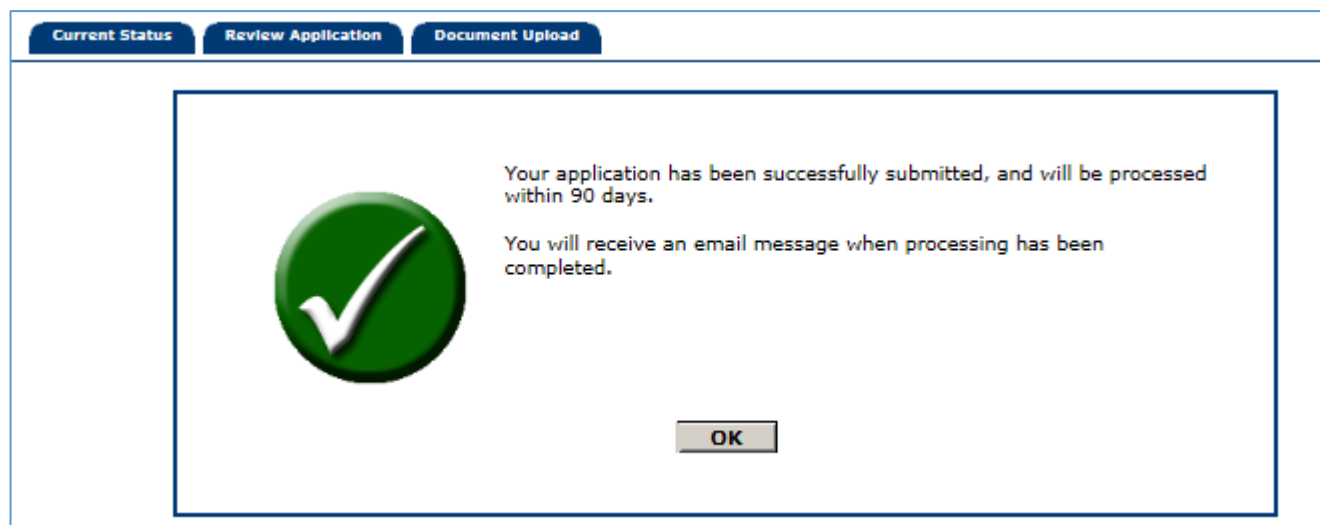
	CY 2011	CY 2012	CY 2013	CY 2014	CY 2015	CY 2016
CY 2011	\$14,167					
CY 2012	\$5,667	\$14,167				
CY 2013	\$5,667	\$5,667	\$14,167			
CY 2014	\$5,667	\$5,667	\$5,667	\$14,167		
CY 2015	\$5,667	\$5,667	\$5,667	\$5,667	\$14,167	
CY 2016	\$5,665	\$5,667	\$5,667	\$5,667	\$5,667	\$14,167
CY 2017		\$5,665	\$5,667	\$5,667	\$5,667	\$5,667
CY 2018			\$5,665	\$5,667	\$5,667	\$5,667
CY 2019				\$5,665	\$5,667	\$5,667
CY 2020					\$5,665	\$5,667
CY 2021						\$5,665
TOTAL	\$42,500	\$42,500	\$42,500	\$42,500	\$42,500	\$42,500

Submit Application

Current Status

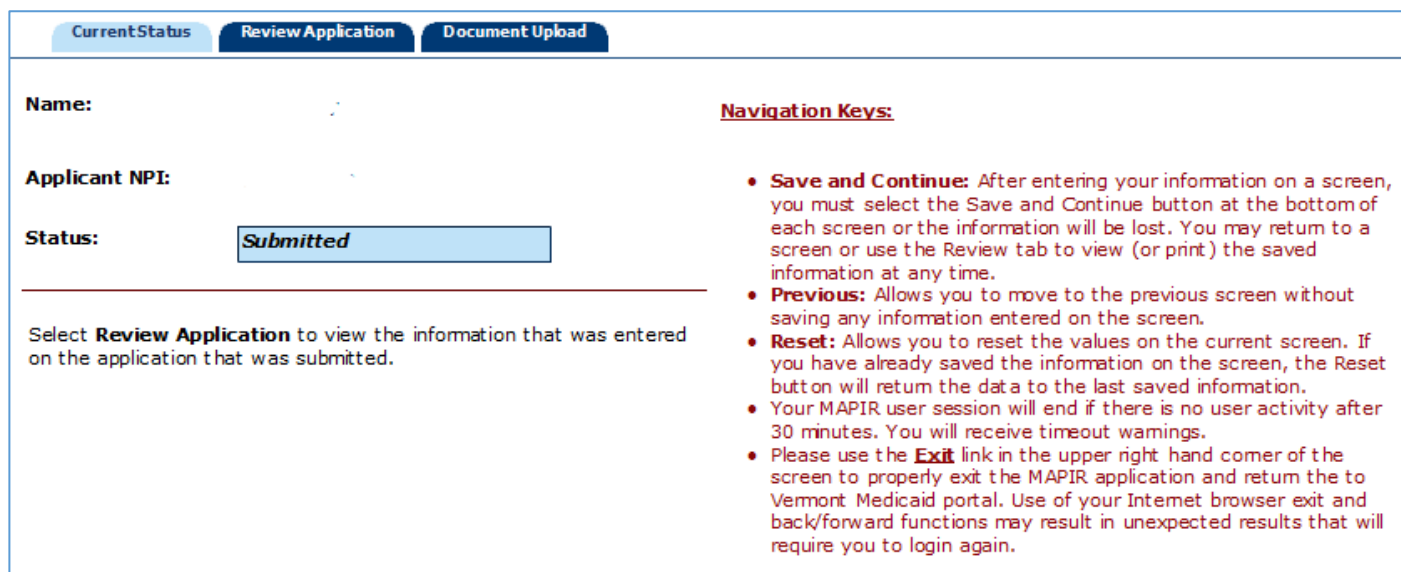
The check indicates your application has been successfully submitted.

Click **OK**.



The screenshot shows a web application interface with three tabs at the top: "Current Status", "Review Application", and "Document Upload". The "Current Status" tab is selected. The main content area features a large green circular icon with a white checkmark. To the right of the icon, the text reads: "Your application has been successfully submitted, and will be processed within 90 days." and "You will receive an email message when processing has been completed." Below this text is a single "OK" button.

When your application has been successfully submitted, you will see the application status of *Submitted*.



The screenshot shows the "Current Status" tab selected. The form displays the following fields:

- Name:** [Empty text field]
- Applicant NPI:** [Empty text field]
- Status:** **Submitted** (displayed in a blue box)

Below the status field, a message states: "Select **Review Application** to view the information that was entered on the application that was submitted."

To the right, under the heading **Navigation Keys:**, a list of instructions is provided:

- **Save and Continue:** After entering your information on a screen, you must select the Save and Continue button at the bottom of each screen or the information will be lost. You may return to a screen or use the Review tab to view (or print) the saved information at any time.
- **Previous:** Allows you to move to the previous screen without saving any information entered on the screen.
- **Reset:** Allows you to reset the values on the current screen. If you have already saved the information on the screen, the Reset button will return the data to the last saved information.
- Your MAPIR user session will end if there is no user activity after 30 minutes. You will receive timeout warnings.
- Please use the **Exit** link in the upper right hand corner of the screen to properly exit the MAPIR application and return to the Vermont Medicaid portal. Use of your Internet browser exit and back/forward functions may result in unexpected results that will require you to login again.

Post-Submission Activities

This section contains information about post application submission activities. At any time, you can check the status of your application by logging into the [state Medicaid portal](#). Once you have successfully completed the application submission process you will receive an email confirming your submission has been received. You may also receive email updates as your application is processed.

When you log in to MAPIR after submitting your application you will see the Medicaid EHR Incentive Program Participation Dashboard.

Notice that the Status of your application is Submitted. You can only view an application in a Submitted status. The next payment year application will be enabled when you become eligible to apply. For status information, please see the [Application Status List](#) in the Post Submission Activities section of this manual.

MAPIR

Medicaid EHR Incentive Program Participation Dashboard

NPI

99

TIN

CCN

Payee TIN

99

Click the 'Payee TIN' link to obtain a report containing the most recent program participation for all Eligible Professionals currently registered under this Payee TIN.

NOTE: If the Payee TIN field is blank, that means this field was not completed at the CMS R&A site and this functionality is not available.

(*) Red asterisk indicates a required field.

*Application (Select to Continue)	Stage	Status	Payment Year	Program Year	Incentive Amount	Available Actions
<input type="radio"/>	Upgrade	Completed	1	2011	\$21,250.00	Select the "Continue" button to view this application.
<input type="radio"/>	Stage 1 Meaningful Use 90 Days	Completed	2	2014	\$8,500.00	Select the "Continue" button to view this application.
<input type="radio"/>	Stage 3 Meaningful Use 90 Days	Submitted	3	2020	\$8,500.00	Select the "Continue" button to view this application.
<input type="radio"/>	Future	Future	4	Future	Unknown	None at this time
<input type="radio"/>	Future	Future	5	Future	Unknown	None at this time
<input type="radio"/>	Future	Future	6	Future	Unknown	None at this time

Post-Submission Activities – Review Application Tab

You can click the Review Application tab to review your application; however, you will not be able to make changes unless the PIP/EHRIP Team returns the application to “Incomplete.”

Current Status	Review Application	Document Upload
<p>The Review Application panel displays the information you have entered to date for your application. Select Print to generate a printer friendly version of this information. Select Continue to return to the last page saved. <input type="button" value="Print"/></p>		
Status		
Submitted		
CEHRT ID Information		
CMS EHR Certification ID: 0015E3M830NQF7Q		
R&A Verification		

IMPORTANT: If an Eligible Professional’s Vermont Medicaid enrollment lapses at any time after an application is started and BEFORE A PAYMENT IS RECEIVED, the application will automatically ABORT from the MAPIR system. All saved data for the application will be eliminated. The attestation must then be restarted from the beginning in MAPIR after the EP becomes fully re-enrolled in Vermont Medicaid.

Post-Submission Activities - Document Upload

If your application is in a Submitted, Pended for Review, or a Completed status, you will have the option to upload additional documentation on the Document Upload tab; however, if your application is not in one of the statuses previously mentioned, the Document Upload tab will not display.

Current Status

Review Application

Document Upload

Failure to provide each of the required prepayment documents will result in the application being incomplete until all of the prepayment documentation is received.

If you are uploading a file that does not match one of the categories in the drop-down list OR a consolidated file that contains a combination of documentation categories, select **Other** in the drop-down list. A category may be selected more than once.

- Group Definition** (REQUIRED Prepayment) If attesting with Group Patient Volume, you must upload the set of billing NPIs defining the group, and a complete list of individual provider names and individual NPIs for all attending or rendering providers associated with the group, regardless of whether they are Eligible Professionals attesting for an incentive payment.
- Patient Volume Data Tool** (RECOMMENDED Prepayment) Data to support your 90-day patient volume. **This documentation will be required in the event of audit.** Required elements of the patient volume data file are at the PIP/EHRIP website. Paste the link in your browser: <https://healthdata.vermont.gov/ehrip/PatientVolume/Datatool>
- Meaningful Use Objectives** (REQUIRED Prepayment) The report(s) on Meaningful Use Objectives and Measures generated by the provider's EHR system.
- Clinical Quality Measures** (REQUIRED Prepayment) The report(s) on Clinical Quality Measures from the provider's EHR system. All the Clinical Quality Measures attested to should be included, even if the CQM report values are zero. The Clinical Quality Measure reporting period is the entire calendar year 2019, unless a provider is meeting MU for the first time in PY2019, in which case a 90-day CQM Reporting Period is allowed.
- Security Risk Analysis** (REQUIRED Prepayment) A complete, dated copy of the conducted or reviewed Security Risk Analysis and corrective action plan (if negative findings are identified). The SRA may be conducted outside of the EHR reporting period; however, the analysis must be unique for each reporting period, the scope must include the full EHR reporting period, and it must be conducted within the calendar year of the EHR reporting period (January 1st-December 31st).
- Public Health and CDR Reporting** (REQUIRED Prepayment) For **Active Engagement**: Confirmation from the Public Health Registry or Clinical Data Registry that verifies good standing. For **Exclusions**: Statement signed by the provider confirming qualification for the exclusion selected. Guidance, examples and templates are at the PIP/EHRIP website: <https://healthdata.vermont.gov/ehrip/PY2019/PH>
- Clinical Decision Support (CDS)** (RECOMMENDED Prepayment) Documentation to support implementation of 5 CDS rules and enabling the functionality for drug-drug and drug-allergy interaction checks for the duration of your EHR reporting. Guidance is at the PIP/EHRIP website: https://healthdata.vermont.gov/sites/healthdata/files/pdfs/EHRIP/PY2019_MU3_EHRIP_AuditTipSheet_.pdf
- Proof of CEHRT/Vendor Letter** (RECOMMENDED Prepayment) Signed contract/user agreement/lease with vendor, invoice, or vendor letter identifying the current CMS EHR certification ID number.

To upload a file, type the full path or click the **Browse...** button.

File name must be no longer than **100 characters**. All characters must be alphanumeric with underscores, dashes, and spaces as the only acceptable special characters. The file name must have only a single period, and it must precede the file name extension.

Document:

File Location:

Uploaded Files

Document	File Name	File Size	Date Uploaded	Available Actions
	Objective_0_ClickHereResource.pdf	742560	11/22/2019	<input type="button" value="View"/>
2. Patient Volume Data Tool	PatientVolume_ClickHere.docx	42507	11/22/2019	<input type="button" value="View"/>

Completed Status

The screen below shows an application in a status of Completed. You can click the Review Application tab to review your application; however, you will not be able to make changes.

The screenshot shows the MAPIR application interface with three tabs: **Current Status**, **Review Application**, and **Submission Outcome**. The **Current Status** tab is active. It displays the following information:

- Name:** Dr. Medicaid Provider
- Applicant NPI:** 9999999999
- Status:** **Completed** (highlighted in a blue box with a red arrow pointing to it)

To the right of the status information is a section titled **Navigation Keys:** with the following instructions:

- **Save and Continue:** After entering your information on a screen, you must select the Save and Continue button at the bottom of each screen or the information will be lost. You may return to a screen or use the Review tab to view (or print) the saved information at any time.
- **Previous:** Allows you to move to the previous screen without saving any information entered on the screen.
- **Reset:** Allows you to reset the values on the current screen. If you have already saved the information on the screen, the Reset button will return the data to the last saved information.
- Your MAPIR user session will end if there is no user activity after 30 minutes. You will receive timeout warnings.
- Please use the **Exit** link in the upper right hand corner of the screen to properly exit the MAPIR application and return the to Vermont Medicaid portal. Use of your Internet browser exit and back/forward functions may result in unexpected results that will require you to login again.

Once your application has been processed by the Vermont Medicaid PIP/EHRIP Team, you can click the **Submission Outcome** tab to view the results of submitting your application.

The screenshot shows the MAPIR application interface with four tabs: **Current Status**, **Review Application**, **Submission Outcome**, and **Document Upload**. The **Submission Outcome** tab is active. It displays the following information:

- Select "Print" to generate a printer friendly version of this information.** (with a **Print** button)
- Status:** **Completed**
- Payment Amount:** *You have been approved to receive a payment in the amount of \$14,167.00*
- Provider Information:**
 - Name:** Dr. Medicaid Provider
 - Applicant NPI:** 9999999999

This screen shows that your MAPIR session has ended. You should now close your browser window.

The screenshot shows the MAPIR application interface with a single tab: **MAPIR**. It displays the following information:

- Exit MAPIR**
- Your session has ended. To complete the log out process, you must close your browser.** (with a red arrow pointing to it)

Application Status List

The following table lists some of the statuses your application may go through.

Status	Definition
Not Registered at R&A	MAPIR has not received a matching registration from both the R&A and the state MMIS.
Incomplete	The application is in a working status but has not been submitted and may still be updated by the provider.
Submitted	The application has been submitted. The application is locked to prevent editing and no further changes can be made.
Payment Approved	A determination has been made that the application has been approved for payment.
Payment Disbursed	The financial payment data has been received by MAPIR and will appear on your remittance advice.
Partial Recoupment Received	An adjustment has been requested and the total amount has not been recouped.
Partial Remittance Received	An adjustment has been processed and a partial recoupment has been made and will appear on your remittance advice.
Aborted	When in this status, all progress has been eliminated for the incentive application and the application can no longer be modified or submitted.
Adjustment Initiated	An adjustment has been lodged with the proper state authority by the provider.
Adjustment Approved	The adjustment has been approved.
Adjustment Canceled	The adjustment has been canceled.
Denied	A determination has been made that the provider does not qualify for an incentive payment based on one or more of the eligibility rules.
Completed	The application has run a full standard process and completed successfully with a payment to the provider.
Cancelled	An application has been set to "Cancelled" status only when R&A communicates a registration cancellation to MAPIR. MAPIR cancels both the registration and any associated application.
Future	This is a status that will be displayed against any application to indicate the number of future applications that the provider can apply for within the EHR Incentive Program.

Not Eligible	This is a status that will be displayed against any application whenever the provider has exceeded the limits of the program timeframe.
Not Started	This is a status that will be displayed against any application whenever the provider has not started an application but MAPIR received an R&A registration and has been matched to an MMIS provider.
Expired	An application is set to an "Expired" status when an application in an "Incomplete" status has not been submitted within the allowable grace period for a program year or when an authorized admin user changes an application to this status after the end of the grace period. Once an application is in an Expired status, the status cannot be changed and it is only viewable to the provider.

Review an Adjustment

If a financial adjustment is in process for one or more program year incentive applications, you may be required to review and approve the adjustment.

The Medicaid EHR Incentive Program Participation Dashboard will display the following message and button.

*A financial adjustment is in process for one or more program year applications and may require your approval.
Please select **Review Adjustment** for further information.*

Click the **Review Adjustment** button. The EP Multi-Year Adjustment eSignature screen displays.

Review the adjustment information on the screen. Indicate if you are a Provider or Preparer. Select the checkbox if you read, understood, and accept the terms of the agreement. Sign the agreement by entering your name in the text box. Click the **Submit** button to agree to the adjustment or click the **Close** button to exit this screen.

NPI 999999999
TIN 999999999

Please review the adjustment information below, complete the required fields, and select the "Submit" button. To leave this screen, select the "Close" button and your entries will not be saved.

Application Information	Current Payment Year	Current Status	Original Payment	Amount to be Adjusted	Resulting Payment Year	Resulting Status	Resulting Adjusted Payment
NPI: 999999999 Program Year: 2014 Name: Walter Kraft	1	Completed	\$14,167.00	-\$14,167.00	1	Denied	\$0.00
NPI: 999999999 Program Year: 2015 Name: Walter Kraft	2	Completed	\$5,667.00	-\$5,667.00	1	Completed	\$14,167.00

(*) Red asterisk indicates a required field.

Indicate if you are signing electronically to approve the adjustment as the actual provider, or as a preparer on behalf of the provider:

* ☒ Provider ☐ Preparer

Your signature on this adjustment will be electronic. By submitting this adjustment, you acknowledge and understand that your electronic signature is binding to the same extent as your written signature.

* ☒ I have reviewed and accept the terms of this agreement.

* Your Signature (entering your name in the box to the right will constitute your electronic signature): x

Note: If, while you are reviewing your pending adjustment, the Administrative User submits the adjustment without your signature or cancels the adjustment, you will receive an error message indicating that the adjustment is no longer available. No further action is needed.

After clicking the Submit button, the EP Multi-Year Adjustment review screen displays with a summary of the pending adjustment. Select the **Close** button to return to the Medicaid EHR Incentive Program Participation Dashboard. While the adjustment is in process, the Review Adjustment button will remain on the Medicaid EHR Incentive Program Participation Dashboard. You can view the pending adjustment using the Review Adjustment button until the adjustment process completes. At that point, the button will no longer display and the status changes and payment year shift resulting from the multi-year adjustment will display

NPI 999999999 TIN 999999999

Below is a summary of the adjustment you have agreed to.

Application Information	Current Payment Year	Current Status	Original Payment	Amount to be Adjusted	Resulting Payment Year	Resulting Status	Resulting Adjusted Payment
NPI: 999999999 Program Year: 2014 Name: Walter Kraft	1	Completed	\$14,167.00	-\$14,167.00	1	Denied	\$0.00
NPI: 999999999 Program Year: 2015 Name: Walter Kraft	2	Completed	\$5,667.00	-\$5,667.00	1	Completed	\$14,167.00

Indicate if you are signing electronically to approve the adjustment as the actual provider, or as a preparer on behalf of the provider:

☒ Provider ☐ Preparer

Your signature on this adjustment will be electronic. By submitting this adjustment, you acknowledge and understand that your electronic signature is binding to the same extent as your written signature.

☒ I have reviewed and accept the terms of this agreement.

Your Signature (entering your name in the box to the right will constitute your electronic signature):

See [Part 4 of the User Guide](#) for:

- Additional User Information
- Appendices

User Guides can be found at the Vermont Medicaid EHRIP website:
<https://healthdata.vermont.gov/ehrip/Apply>